

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12555**

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. LENGTH OF STAY (In this place) Yrs. _____	c. CITY OR TOWN Aurora
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 W. High St.,		e. STREET ADDRESS (If rural, give location) 311 W. High St. 055/0	

3. NAME OF DECEASED (Type or Print) GEORGE HARRISON GRIFFIN			4. DATE OF DEATH (Month) (Day) (Year) April 15, 1954		
a. (First)	b. (Middle)		c. (Last)	Year	Month

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 16, 1893	9. AGE (In years last birthday) 60 Yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machanic (Auto)	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machanic (Auto)	10b. KIND OF BUSINESS OR INDUSTRY Auto Repair	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hiram Griffin	13b. MOTHER'S MAIDEN NAME Adaline Unkown	14. NAME OF HUSBAND OR WIFE Edna Barton Griffin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edna Barton Griffin	ADDRESS Aurora, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH 20 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7220
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **1947 to April 15, 1954**, that I last saw the deceased alive on **April 14, 1954**, and that death occurred at **10:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>A. P. Lopetti</i>	(Degree or title) M.P.	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 4-16-54
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24a. (BURIAL, CREMATION, REMOVAL) (Specify) Burial	24b. DATE 4/18/54	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora, Missouri
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DATE REC'D BY LOCAL REG. April 18, 54	REGISTRAR'S SIGNATURE Dora Mc Nate	157	25. FUNERAL DIRECTOR'S SIGNATURE WILLIAM WOOD	ADDRESS Aurora, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed James D. Craft

Licensed Embalmer No. _____

P. O. Address Aurora

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.